

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90360 032 \*\*\*\*61.25

**DOCUMENT # N99000002445**

1. Entity Name

**TROPICAL SPORTS CAR CLUB, INC.**

Principal Place of Business

**938 CAMELLIA DRIVE  
 WEST PALM BEACH FL 33411-3466**

Mailing Address

**938 CAMELLIA DRIVE  
 WEST PALM BEACH FL 33411-3466**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1006551**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORSEY, STEVEN M  
 938 CAMELLIA DRIVE  
 ROYAL PALM BEACH FL 3466**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **GOLDTRAP, RIC**  
 CITY-ST-ZIP **4121 NE 26 TERRACE  
 LIGHTHOUSE POINT FL 33064**

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Randy Dobkin**  
 CITY-ST-ZIP **1060 SW 20 ST  
 Boca Raton, FL 33486**

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **FERGUSON, HOLLY**  
 CITY-ST-ZIP **4121 NE 26 TERR.  
 POMPAHO BEACH FL 33064**

TITLE ☐ Change ☒ Addition  
 NAME **Vice President**  
 STREET ADDRESS **Don Sowder**  
 CITY-ST-ZIP **1379 Pinetta Circle  
 Wellington, FL 33414**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **TORP, STEVE**  
 CITY-ST-ZIP **1041 NW 4 ST.  
 BOCA RATON FL 33486**

TITLE ☒ Change ☐ Addition  
 NAME **President**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **TORP, ANN**  
 CITY-ST-ZIP **1041 NW 4TH ST.  
 BOCA RATON FL 33486**

TITLE ☒ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **P**  
 STREET ADDRESS **HAEUSSERMANN, DAVID**  
 CITY-ST-ZIP **1637 CYPRESS POINTE DR.  
 CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition  
 NAME **Secretary**  
 STREET ADDRESS **Carol Cone**  
 CITY-ST-ZIP **1718 NW 57 TERR  
 Landerhill, FL 33313**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DORSEY, STEVE**  
 CITY-ST-ZIP **938 CAMELLIA DR.  
 ROYAL PALM BEACH FL 33411-3466**

TITLE ☒ Change ☐ Addition  
 NAME **Treasurer**  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Signature of Steven M. Dorsey, Treasurer**

**3/24/01**

**561-753-8219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)